A B C D	E	F	G	Н	l J	K	L	M	N O	P	Q	R	S	ΤU	J V	X	
Unified Rate Review v3.3	}																
Company Legal Name:	Aetna Life Ins	ırance Compan	n State:	Υ													
HIOS Issuer ID:	39127			small Group													
Effective Date of Rate Cha			Widiket.	man Group													
Lifective Date of Nate Cité	alige(3). 1/1/2017																
Market Level Calculations (Samo	e for all Plans)																
Section I: Experience period dat	ra																
Experience Period:	1/1/2015	to	12/31/2015														
		Experience Period	_														
		Aggregate Amount	t <u>PMPM</u>	% of Prem													
Premiums (net of MLR Rebate) i		\$0		#DIV/0!													
Incurred Claims in Experience Po	eriod	\$0		#DIV/0!													
Allowed Claims: Index Rate of Experience Period	ı	\$0	#DIV/0! \$0.00	#DIV/0!													
Experience Period Member Mor		0															
Section II: Allowed Claims, PMP	M basis						. /. /22.		40/04/004								
		Experience	a Period		Adj't. from	tion Period:	Annualiz	to d Trend	12/31/2017	IVII	a-point to iviia	point, Experier	nce to Projection:	24 n	nonths		
	on Actual Experience Allowed			to Projecti	•	Fact		Projections, b	Projections, before credibility Adjustment Credibility Manual								
	Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average		Utilization	Average				
Benefit Category	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
Inpatient Hospital Outpatient Hospital	Days Visits	1.00 1.00		\$0.00 0.00	1.000 1.000	1.000 1.000	1.000 1.000	1.000 1.000	1.00 1.00	\$1.00 1.00	\$0.00 0.00	315.38 1173.42	\$4,892.15 1,328.78	\$128.57 129.93			
Professional	Visits	1.00		0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	7825.31	161.38	105.24			
Other Medical	Visits	1.00	1.00	0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	5081.45	276.56	117.11			
Capitation	Benefit Period	1.00		0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	13333.59	0.44	0.49			
Prescription Drug	Prescriptions	1.00	1.00	0.00	1.000	1.000	1.000	1.000	1.00	1.00	0.00	11458.43	114.15	109.00			
				\$0.00							\$0.00			\$590.34	After Credibility	Projected Period Tot	tals
Total	۵۰		,	rojected Allowed	Experience Clair	ns PMPM (w.	/annlied cre	libility if ann	licable)		0.00%			100.00%	\$590.34	\$2,363,7	_
	<u></u>			rojected / movied							0.0070			100,0070	0.772	<i>\$2,303,7</i>	, 20
															\$455.74	\$1,824,7	798
					Projected Risl	Adjustment	s PMPM								<u>-0.13</u>	( <u>5</u>	521)
Total  Section III: Projected Experience									coveries, net of rein	prem, PMPM					\$455.87	\$1,825,3	318
					Projected ACA	\ reinsurance	recoveries,	net of rein p	rem, PMPM						0.00	44.005.0	0
				unioned books d	Claima								_		\$455.87	\$1,825,3	
				rojected Incurred										9.27%	51.82	207,4	
			A	dministrative Exp										3.90%	21.80	87,2 118,1	
			F	dministrative Exp Profit & Risk Load													
			<i>,</i> F T	administrative Exp Profit & Risk Load Caxes & Fees	ense Load	z. Rate. PMPI	м							5.28%	29.52 \$559.01		_
			# F T S	dministrative Exp Profit & Risk Load	ense Load oss Premium Av <sub>i</sub>	z. Rate, PMPI	М							5.28%	\$559.01 \$610.71	\$2,238,2	_
			# F T S	dministrative Exp Profit & Risk Load Taxes & Fees Lingle Risk Pool Gro	ense Load oss Premium Av ection Period % increase ov	er Experience								5.28%	\$559.01 \$610.71 #DIV/0!		
			, F T S I	dministrative Exp Profit & Risk Load Taxes & Fees Lingle Risk Pool Gro	ense Load  oss Premium Avi ection Period % increase ov % Increase, au	er Experience								5.28%	\$559.01 \$610.71	\$2,238,2	_

1 of 3

disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

49 50

# **Product-Plan Data Collection**

Company Legal Name: HIOS Issuer ID: Aetna Life Insurance Company 39127 1/1/2017

Effective Date of Rate Change(s):

## Product/Plan Level Calculations

#### Section I: General Product and Plan Information

Section I: General Product and Plan Information												
Product	Aetna Indemnity				Aetn	a PPO						
Product ID:	39127KY006				39127	KY007						
Metal:	Silver	Silver	Bronze	Bronze	Gold	Gold	Silver	Gold	Silver			
AV Metal Value	0.720	0.716	0.620	0.614	0.819	0.795	0.715	0.819	0.699			
AV Pricing Value	1.180	1.009	0.716	0.669	1.107	1.051	0.978	1.159	0.866			
Plan Category	Renewing	Renewing	New	New	New	New	New	New	New			
Plan Type:	Indemnity	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO			
	KY Silver											
Plan Name	Indemnity 2000	KY Silver PPO	KY Bronze PPO	KY Bronze PPO	KY Gold PPO 1000	KY Gold PPO 1500	KY Silver PPO	KY Gold PPO 500	KY Silver PPO			
	80	3000 100 75 HSA E	5500 80 60 HSA E	6350 90 70 HSA E	80 60	80 60 Integrated	2500 80 60	90 70	5000 80 60			
Plan ID (Standard Component ID):	39127KY0060001	39127KY0070005	39127KY0070007	39127KY0070008	39127KY0070009	39127KY0070010	39127KY0070011	39127KY0070012	39127KY0070013			
Exchange Plan?	No	No	No	No	No	No	No	No	No			
Historical Rate Increase - Calendar Year - 2	0.00%				0.0	00%						
Historical Rate Increase - Calendar Year - 1	0.00%				0.0	00%						
Historical Rate Increase - Calendar Year 0	0.00%				0.0	00%						
Effective Date of Proposed Rates	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017			
Rate Change % (over prior filing)	4.96%	8.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
Cum'tive Rate Change % (over 12 mos prior)	8.95%	12.37%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%			
Proj'd Per Rate Change % (over Exper. Period)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%			
Product Rate Increase %	8.94%		<u> </u>		12.	37%		<u> </u>				

## Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	39127KY0060001	39127KY0070005	39127KY0070007	39127KY0070008	39127KY0070009	39127KY0070010	39127KY0070011	39127KY0070012	39127KY0070013
Inpatient	#DIV/0!	\$22.89	\$31.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	#DIV/0!	\$5.95	\$8.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	#DIV/0!	\$4.99	\$6.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	#DIV/0!	\$1.44	\$1.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	#DIV/0!	\$13.46	\$18.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	#DIV/0!	-\$1.29	-\$1.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	#DIV/0!	-\$0.42	-\$0.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	#DIV/0!	-\$17.25	-\$23.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	#DIV/0!	\$1.21	\$1.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	#DIV/0!	\$30.98	\$42.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	#DIV/0!	-\$24.40	-\$24.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$241.96	\$624.98	\$518.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Projected Member Months	4,004	1	1,869	200	200	200	200	200	200	934

## Section III: Experience Period Information

	Plan ID (Standard Component ID):	Total	39127KY0060001	39127KY0070005	39127KY0070007	39127KY0070008	39127KY0070009	39127KY0070010	39127KY0070011	39127KY0070012	39127KY0070013
Γ.	Plan Adjusted Index Rate	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1	Member Months	0	0	0	0	0	0	0	0	0	0
1	Total Premium (TP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

10											
nf.	SUDD	#B##/61	400.000/	400.000/	400.000/	400.000/	400.000/	400.000/	400.000/	400.000/	400.000/
Ε	EHB Percent of TP, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
- [-]	state mandated benefits portion of TP that are other than EHB										
ē	than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-	Other benefits portion of TP	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	EHB Percent of TAC, [see instructions]	#DIV/0!	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
5	state mandated benefits portion of TAC that are										
aţi	other than EHB	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
۱Ē	Other benefits portion of TAC	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
lfe											
-S	Allowed Claims which are not the issuer's obligation:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Clain	Portion of above payable by HHS's funds on										
ᄀ	behalf of insured person, in dollars	\$0									
	Portion of above payable by HHS on behalf of										
	insured person, as %	#DIV/0!									
	Total Incurred claims, payable with issuer funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
			•	•	•					•	
	Net Amt of Rein	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Net Amt of Risk Adj	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Incurred Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Allowed Claims PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	EHB portion of Allowed Claims, PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## Section IV: Projected (12 months following effective date)

	Plan ID (Standard Component ID):	Total	39127KY0060001	39127KY0070005	39127KY0070007	39127KY0070008	39127KY0070009	39127KY0070010	39127KY0070011	39127KY0070012	39127KY0070013
_	Plan Adjusted Index Rate	\$584.65	\$720.97	\$616.37	\$437.47	\$408.86	\$676.40	\$641.86	\$597.75	\$707.74	\$529.15
흕	Member Months	4,004	1	1,869	200	200	200	200	200	200	934
ä	Total Premium (TP)	\$2,340,959	\$721	\$1,151,996	\$87,494	\$81,772	\$135,280	\$128,372	\$119,550	\$141,548	\$494,226
ģ											
ᆵ	EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
١ē	state mandated benefits portion of TP that are other than EHB										
ē	than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
-	Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Allowed Claims (TAC)	\$2,363,701	\$727	\$1,167,774	\$102,431	\$96,684	\$119,840	\$116,116	\$121,326	\$125,464	\$513,339
5	EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Jati	state mandated benefits portion of TAC that are										
l E	other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ē	Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Ĭ.E											
Cla	Allowed Claims which are not the issuer's obligation	\$538,924	\$165	\$269,797	\$34,229	\$32,943	\$14,389	\$16,049	\$28,137	\$15,128	\$128,087
	Portion of above payable by HHS's funds on										
	behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Portion of above payable by HHS on behalf of										
	insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Total Incurred claims, payable with issuer funds	\$1,824,777	\$562	\$897,977	\$68,202	\$63,741	\$105,450	\$100,066	\$93,189	\$110,336	\$385,252
	Net Amt of Rein	\$0			\$0	\$0		\$0	\$0		\$0
	Net Amt of Risk Adj	-\$521	\$0	-\$243	-\$26	-\$26	-\$26	-\$26	-\$26	-\$26	-\$121
_											
	Incurred Claims PMPM	\$455.74			\$341.01	\$318.71	\$527.25	\$500.33	\$465.95		\$412.48
	Allowed Claims PMPM	\$590.33		\$624.81	\$512.15	\$483.42	\$599.20	\$580.58	\$606.63	\$627.32	\$549.61
L	EHB portion of Allowed Claims, PMPM	\$590.33	\$726.81	\$624.81	\$512.15	\$483.42	\$599.20	\$580.58	\$606.63	\$627.32	\$549.61